

COUNTY BOROUGH OF WARRINGTON



# ANNUAL REPORT

*to the*

EDUCATION COMMITTEE

*on the work of the*

SCHOOL HEALTH SERVICE

*for the year*

1948

STUART F. ALLISON

M.B., Ch.B., D.P.H.

*Medical Officer of Health and  
School Medical Officer*

HEALTH DEPARTMENT, SANKEY STREET, WARRINGTON



# SCHOOL MEDICAL SERVICE SUB-COMMITTEE

*Chairman:* Ald. E. Marshall, J.P.

Ald. J. Canon Bardsley, M.A. J.P.	Coun. Mrs. A. L. Hindle
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## *Ex Officio:*

Ald. D. Plinston, J.P. (Chairman of the Education Committee)  
Rev. E. Downham, B.A. (Deputy-Chairman of the Education Committee)

*Chief Education Officer:* Robert E. Presswood, B.Sc., M.Ed.

*Assistant Education Officer:* Mr. R. Price

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## STAFF

*School Medical Officer:* Stuart F. Allison, M.B., Ch.B. (Edin.), D.P.H. (Cantab.)

*Deputy School Medical Officer:*

Eric H. Moore, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.  
(resigned 21.9.48)

Stanley R. Warren, M.B., Ch.B., D.P.H. (appointed 1.10.48)

*Assistant School Medical Officers:*

Marjorie Watson, M.B., B.S., D.C.H. (resigned 31.7.48)

Margaret L. Taylor, M.B., Ch.B. (appointed 9.2.48)

Robert Glyn Thomas, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.  
(appointed 19.7.48)

*Senior Dental Officer:* William C. Parr, L.D.S. (Liverpool)

*Assistant Dental Officer:* Mrs. Phyllis E. Lawton, L.D.S. (Manchester)

*Superintendent of Health Visitors and School Nurses:* Miss E. Semple

*School Nurse:* Miss S. Griffith

*Health Visitor-School Nurses:* Miss J. Twist

Miss S. M. Swift

Miss E. Macrae

Miss M. Lea

Miss L. N. Hitchmough

*Clinic Nurses:* Miss M. Donaghy      Miss H. Cooper

*Orthoptist:* Miss Beryl M. Davies (resigned 22.12.48)

*Speech Therapist:* Miss I. Hastings, L.C.S.T.

*Dental Attendants:* Two

## VISITING CONSULTANTS

*Orthopaedic:* Mr. Harman Taylor, M.B., B.S., M.R.C.S., L.R.C.P.

*Ophthalmic:* Dr. Sydney B. Smith, M.R.C.S., L.R.C.P., D.O.M.S., R.C.P.&S.

*Ear, Nose and Throat:* Mr. Walter E. Hunter, M.A., M.R.C.S., L.R.C.P.

*Radiologist (X-ray treatment of Ringworm):* Dr. John A. Ross, M.A., M.R.C.S.,  
L.R.C.P., D.M.R.E.

## CLERICAL STAFF

*School Health Clerk:* Mr. J. Acton (and four assistants)

*School Attendance Clerk:* Mr. J. Benion

*Special Officer:* Mr. W. Woodall



## SCHOOL CLINICS

### INSPECTION CLINIC (Health Department, Sankey Street):

Monday to Saturday  
9.0 a.m. to 10.30 a.m.

Examination of cases referred by Teachers,  
Attendance Officers, School Nurses, etc.

### MINOR AILMENTS CLINIC (Health Department, Sankey Street):

Monday to Saturday  
9.0 a.m. to 10.30 a.m.

Treatment of contagious diseases of the  
skin, eyes, etc.

### DENTAL CLINIC:

Monday to Saturday  
(by appointment)

Dental treatment (including orthodontic  
treatment).

### ORTHOPÆDIC CLINIC (Warrington General Hospital):

Tuesday and Thursday  
9.30 a.m. to 11.30 a.m.

Treatment of postural and crippling defects,  
etc.

### EAR, NOSE AND THROAT CLINIC (Warrington General Hospital):

Examinations—  
Thursday, 3 p.m.

Treatment of enlarged tonsils and adenoids,  
and other defects of the ear, nose and  
throat.

Operations—  
Thursday

Out-Patient treatment—Daily (by appointment)

### OPHTHALMIC CLINIC (Warrington General Hospital):

Friday, 9.0 a.m.  
(by appointment)

Examination and treatment of errors of  
refraction and squint.

### ORTHOPTIC CLINIC (Warrington General Hospital):

Monday to Friday  
9.30 a.m. to 4.30 p.m.

Treatment of cases of squint.

### SPEECH CLINIC (Arpley Street):

Monday to Wednesday  
9.30 a.m. to 4.30 p.m.

Treatment of defects of speech.

### X-RAY CLINIC (Warrington Infirmary):

By appointment

Treatment of ringworm of scalp by X-rays.





TO THE MEMBERS OF THE EDUCATION COMMITTEE  
OF THE COUNTY BOROUGH OF WARRINGTON

Ladies and Gentlemen,

I have the honour to present the Annual Report on the work of the School Health Service for the year 1948.

In addition to the usual statistical tables which are reproduced on pages 31 to 36, the Minister of Education has asked for observations on the effect on the School Health Service of the introduction of the National Health Service Act which came into operation on the 5th July, 1948. Some notes on this subject will be found on page 7.


The remainder of the report deals in some detail with the activities of the medical, specialist, nursing and auxiliary staffs occupied in the various aspects of the School Health Service, and the information accumulated gives an indication of the measure of help given to the school children of the town.

Once again I have to report that the lack of suitable premises and the general shortage of trained personnel has prevented us from establishing a Child Guidance Centre. Towards the end of 1948, however, we were able to make arrangements whereby children requiring psychiatric examination and treatment should attend at the Notre Dame Child Guidance Clinic in Liverpool, thus ensuring that those cases who are in urgent need of treatment receive attention without delay.

In March, 1948, following an increase in the incidence of plantar warts among school children arrangements were made for the treatment of these cases by a local chiropodist. Details of this treatment will be found on page 24.

The immunisation campaign which was started in November, 1947, was concluded in the summer of 1948 by which time 6,279 children, approximately half the school population, had been protected against diphtheria or had been given reinforcement injections.

The question of the provision of special school accommodation for handicapped pupils was again under review during the year, and some comments on this subject will be found under the heading "Handicapped Pupils" on page 28. The need for special educational treatment for these children, particularly the educationally sub-normal, is extremely urgent.



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I am pleased to report some improvement in the clinic accommodation. The building at the rear of the Health Department became available in May, 1948, when the Tuberculosis Dispensary was transferred to the Warrington General Hospital, and the Inspection and Minor Ailments Clinics were immediately moved to these premises which comprise, in addition to the clinic itself, a consultation room, waiting room facilities, and office accommodation for the School Health administrative staff. Consequently, the pressure on the accommodation in the main building was relieved to some extent and it became possible to release a waiting room for the school dental clinics. The existing dental clinics, however, are inadequate and unsatisfactory and it is essential that alternative premises be provided as a matter of urgency.

Once again I have to acknowledge my indebtedness to the Chairman, Mr. Alderman E. Marshall, and members of the School Medical Service Committee for their continued interest and co-operation, to the Chief Education Officer, the members of his staff and the teachers, and also to the Deputy and Assistant Medical Officers, the School Dental Officers, and the School Nurses.

I am,

Your obedient Servant,

STUART F. ALLISON.



# INTRODUCTION OF THE NATIONAL HEALTH SERVICE

## EFFECT ON THE SCHOOL HEALTH SERVICE

### Specialist Treatment

The financial and structural changes in the School Health Service consequent upon the introduction of the National Health Service were outlined in Ministry of Education Circular 179 dated 4th August, 1948, which also indicated broadly the principles to be observed in the co-ordination of the two services. The circular included a recommendation that Local Education Authorities should outline the needs of the School Health Service to the Regional Hospital Boards with a view to bringing the specialist services then directly provided by the School Health Service within the plans which the Boards were formulating so that they might take their place as part of the Hospital and Specialist Services. Accordingly a statement of the requirements of the School Health Service in regard to specialist clinics, together with a list of the existing facilities, was placed before the Regional Hospital Board at an early date. For some months prior to this, however, we had been in contact with the Board and as early as February, 1948, preliminary negotiations had taken place regarding the transfer of the Orthopædic, Ophthalmic, and Ear, Nose and Throat Clinics.

Our main consideration during these negotiations was to secure that the close contact which we had always maintained with the specialist clinics should not be lost after the transfer, and thanks to the ready co-operation of the Senior Administrative Medical Officer of the Board and the Local Hospital Management Committee, a large measure of success in this direction has been achieved. The authorities of the Board agreed with our suggestion that wherever practicable the existing administrative arrangements should continue. Waiting lists for specialist examination and treatment, therefore, are still maintained by the School Health staff who are also responsible for selecting the cases to attend the clinics and sending out the necessary appointment cards. In the Ophthalmic Clinic the school health record cards remain in use and are returned to the School Health Department after each examination, while in the remaining specialist clinics detailed reports on the children attending continue to be sent to the School Health Department after each attendance.

The Orthopædic, and Ear, Nose and Throat clinics were taken over by the Board on the appointed day, 5th July, 1948, but since the Hospital and Specialist Services were not at that time in a position to provide a full ophthalmic service including refraction and the provision of spectacles, the Ophthalmic clinic continued to be administered by the School Health Service. In accordance with the recommendations contained in Administrative Memorandum No. 303 dated 21st October, 1948, advantage was taken of the facilities provided by the Supplementary Ophthalmic Services in connection with the provision, repair and replacement of spectacles. The Visiting Ophthalmic Consultant remained in the employ of the Local Education Authority on a sessional basis and the amounts due to him from the Ophthalmic Services Committee in respect of refractions were paid into the Education Committee's account. These arrangements continued until the 1st December, 1948, when





the Regional Board signified that they were able to provide a full ophthalmic service. The Orthoptic Clinic, previously maintained by the School Health Service, was also taken over by the Regional Board on the 1st December.

Arrangements for treatment of ringworm of the scalp by means of X-rays became the responsibility of the Regional Hospital Board on the 5th July, 1948. So far, however, it has not been necessary to call upon the Board to provide this treatment.

### Other Hospital Treatment

Financial responsibility for in-patient and out-patient treatment of school children was taken over by the Regional Hospital Board on 5th July, 1948, and the Education Authority's liability in this connection ceased at that date. We are still provided with lists of children admitted to and discharged from hospitals.

### General

Circular 179 intimated that the School Dental Service would be unaffected and that the duty to secure a comprehensive dental service for school children would continue to rest on Local Authorities by virtue of Section 48 of the Education Act, 1944. It has been found that the number of children attending the school dental clinic as "casuals" has increased to a marked degree. This is mainly due to the fact that children who in the past have refused routine treatment and who have relied on the private dentists for extractions to relieve them when suffering from toothache now have some difficulty in obtaining emergency treatment through the practitioner service. The danger is that if this trend continues the object of the school dental service will be defeated.

Arrangements for the treatment of minor ailments at the School Clinic have proceeded on much the same lines as before, and this work continues to be the responsibility of the Education Committee. Speech therapy for school children is similarly unaffected by the National Health Service.

In general, it can be said that the transfer of responsibility for certain forms of treatment to the Regional Board has been effected smoothly and without any great detriment to the School Health Service. Probably the greatest weakness in the new service is in connection with the provision and repair of spectacles. The long period which must elapse between the prescription and the supply of spectacles is a very serious handicap in many cases.

### Summary

The following is a brief summary of the work done in the year 1948:—

Routine Medical Inspections in schools	....	....	....	....	....	3206
Special Inspections, Re-inspections in schools and at the Clinic	....	....	....	....	....	2946
Dental Inspections, Routine and Special	....	....	....	....	....	11745
Dental Treatment—Number treated	....	....	....	....	....	4461
Attendances at Clinic	....	....	....	....	....	5190





Uncleanliness Inspections by nurses in schools	....	....	....	....	51327
Inspections by nurses in schools for conditions other than uncleanliness	....	....	....	....	7171
Visits to children's homes by nurses	....	....	....	....	565
Operations for tonsils and adenoids at the Warrington General Hospital under School Health Service arrangements	....	....	....	....	503
Cleansing Notices served on parents	....	....	....	....	19
Cleansing Orders served on parents	....	....	....	....	3
Children treated for scabies	....	....	....	....	75
Children immunised or re-immunised	....	....	....	....	5612

### 1. Staff

The medical, nursing and dental staffs are shown in detail on page 3.

Dr. Marjorie Watson (*nee* Wright) resigned on the 31st July, 1948, and Dr. R. Glyn Thomas was appointed as Assistant School Medical Officer on the 19th July, 1948.

On the 21st September, 1948, Dr. E. H. Moore resigned to take up a position in the Cheshire County area and the vacancy was filled by the appointment of Dr. Stanley R. Warren as Deputy School Medical Officer on the 1st October, 1948.

The position of Orthoptist which had been vacant since October, 1947, was filled in March, 1948, by the appointment of Miss Beryl M. Davies, but the post again became vacant on the 22nd December, 1948, when Miss Davies left to take up a post on the training staff of the Orthoptic Department at Chester Royal Infirmary.

### 2. Co-ordination with other Health Services

The closest co-operation is maintained between the School Health Services and the Health Department, a procedure simplified by the fact that the staff engaged in the School Health Service also have duties in the Health Department, especially Child Welfare.

The School Health Services are closely integrated with the services of the Regional Hospital Board.

The daily admission and discharge lists supplied to the School Nurses provide information enabling a quick follow-up of cases to be made.

Infant Welfare records are passed to the School Health Service when the child reaches five years of age, and any important entries are transferred to the school medical record card, thus ensuring that children with defects are kept under continuous observation.

### 3. Periodic Medical Inspections

The Periodic Medical Inspections are conducted by the Assistant Medical Officers at the various schools in the Borough and are carried out on the school premises, every effort being made to disturb the school arrangements as little as possible. The Ministry of Education schedule of inspections is followed.

#### AGE GROUPS INSPECTED

The Handicapped Pupils and School Health Service Regulations, 1945, provide that pupils shall undergo a thorough medical examination at the following times in their school life—

(a) as soon as possible after admission to a maintained school.

(b) during the last year of attendance at a maintained primary school;

(c) during the last year of attendance at a maintained secondary school.





The second and third age groups mentioned above were completed within the year but it was not possible to carry out the inspection of all the children in the entrant group, and a number of examinations had to be carried forward for completion early in 1949.

In addition to the above groups the children in the nursery classes were also examined and the details are included under the heading "Other Periodic Inspections" in the statistical tables.

Comparative figures of the total number of periodic inspections for the last three years are given below:—

1948	....	....	....	....	....	3206
1947	....	....	....	....	....	3401
1946	....	....	....	....	....	3127

#### SPECIAL EXAMINATIONS AND RE-EXAMINATIONS

The teachers are encouraged to bring before the Medical Officer at the time of the Periodic Inspection any child not progressing satisfactorily or showing signs of illness. Such a child is then examined or referred to the Clinic for examination, treatment and advice.

At Periodic Inspections children referred for observation at a previous inspection are seen and defects found are followed up. In 1948, 1,515 such inspections were carried out (compared with 621 in the previous year).

#### 4. Findings of Medical Inspection

Out of 3206 pupils examined at the Periodic Medical Inspections in 1948, 452 (14%) were found to require treatment for one or more defects. In addition, a number had defects which required to be kept under observation although no actual treatment was necessary at the time. Table IIA in the Appendix (page 32) gives a return of the various defects found, whilst the number of pupils affected is as follows:—

#### NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES)

Group	Number of Pupils Inspected	Number of Pupils Found to require treatment	Percentage of pupils found to require treatment
Entrants	824	169	20.5%
Second Age Group	1152	142	12.3%
Third Age Group	1064	119	11.1%
Total (prescribed groups)	3040	430	14.1%
Other Periodic Inspections	166	22	13.2%
Grand Total	3206	452	14.0%

The following observations arise from the Periodic Medical Inspections carried out during the year:—





(a) GENERAL CONDITION

The general condition of every pupil is assessed at the Periodic Medical Inspection and classified as follows:—

A. Good.

B. Fair.

C. Poor.

The following table shows in detail the number of pupils who were placed in each group:—

CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED  
DURING THE YEAR IN THE AGE GROUPS

Age Groups				Number Examined	A (Good)	B (Fair)	C (Poor)
Entrants—							
Boys, age 3	....	....	....	1	1	—	—
" " 4	....	....	....	60	54	6	—
" " 5	....	....	....	232	165	65	2
" " 6	....	....	....	82	62	17	3
" " 7	....	....	....	15	10	5	—
" " 8	....	....	....	1	1	—	—
Girls, age 3	....	....	....	1	1	—	—
" " 4	....	....	....	66	57	9	—
" " 5	....	....	....	260	218	41	1
" " 6	....	....	....	98	76	22	—
" " 7	....	....	....	8	6	2	—
Total				824	651	167	6
Percentage					79.0	20.27	0.73
Second Age Group—							
Boys, age 10	....	....	....	600	421	178	1
Girls, age 10	....	....	....	552	431	116	5
Total				1152	852	294	6
Percentage					73.96	25.52	0.52
Third Age Group—							
Boys, age 13	....	....	....	563	498	64	1
Girls, age 13	....	....	....	501	459	41	1
Total				1064	957	105	2
Percentage					89.94	9.87	0.19
H.S.G. and B.G.S.				59	59	—	—
Percentage					100.0	—	—
Nursery Classes—							
Boys, age 3	....	....	....	21	12	9	—
" " 4	....	....	....	34	20	14	—
Girls, age 3	....	....	....	20	13	7	—
" " 4	....	....	....	32	25	7	—
Total				107	70	37	—
Percentage					65.42	34.58	—
GRAND TOTAL				3206	2589	603	14
Percentage					80.75	18.81	0.44

Children placed in Category "C" are kept under observation and are encouraged to avail themselves of the School Meals Service.



## HEIGHT AND WEIGHT

The height and weight of every pupil is recorded at the Periodic Medical Inspections. A summary of the average heights and weights in the various age groups is given below and it will be seen that the standard of recent years has been maintained.

Entrants—	Height				Weight					
	Boys		Girls		Boys			Girls		
	ft.	ins.	ft.	ins.	st.	lb.	oz.	st.	lb.	oz.
Age 4 ....	3	4.3	3	4.4	2	13	14.7	2	9	13.7
Age 5 ....	3	6.2	3	6.5	3	0	1.8	2	13	8.2
Age 6 ....	3	8.3	3	8.2	3	3	4.1	3	2	13.2
Age 7 ....	3	10.5	3	10.1	3	11	0.0	3	7	2.5
Second Age Group—										
Age 10 ....	4	5.7	4	5.8	5	1	7.2	5	0	11.4
Third Age Group—										
Age 14 ....	5	1.5	5	0.9	7	5	3.2	7	6	12.9
Other Periodic Inspections (Nursery Classes)										
Age 3 ...	3	2.6	3	1.7	2	7	4.0	2	5	15.2
Age 4 ...	3	4.0	3	4.6	2	10	11.0	2	10	1.2

Note: The average age in each group is approximately four months higher than the age shown.

### (b) UNCLEANLINESS

It is rare to find a verminous head at a Periodic Medical Inspection as the work of the School Nurses ensures that all such cases are detected and cleaned at an early stage. The degree of infestation is better assessed by the nurses' records which are set out later in this report.

### (c) MINOR AILMENTS AND DISEASES OF THE SKIN

In general the incidence of minor ailments found at periodic inspection is diminishing owing to the majority of cases being detected by the School Nurses on their routine visits and treated, or referred for treatment, at the onset.

As a result, such conditions as impetigo, blepharitis, scabies, etc., are almost always at an early stage when found.

The incidence of impetigo discovered at periodic inspection during 1948 was .09%, and of scabies .12%.

### (d) VISUAL DEFECTS

Vision is tested at the inspection of the two senior age groups only. During 1948 normal vision was found in 72.9% of the pupils examined.

A detailed analysis of the visual testing follows:—





Age Group		Number Examined	6/6	6/9	6/12	Wearing Glasses	Treatment Required	* N.G.I.
Second Age Group—								
Boys	....	596	462	76	3	20	34	1
Girls	....	552	412	73	5	33	29	—
Third Age Group—								
Boys	....	563	402	73	10	27	49	2
Girls	....	501	341	88	7	29	32	4
Other Routine Inspections—								
Boys	....	46	28	10	—	6	2	—
Girls	....	13	12	—	—	—	1	—
Total	....	2271	1657	320	25	115	147	7
Percentage	....		72.9	14.1	1.1	5.1	6.5	.3

\* No glasses improve.

Cases of squint detected are usually in their early stages, the incidence at periodic inspection being .37%.

#### (e) NOSE AND THROAT DEFECTS

Enlargement of the tonsils and adenoids forms one of the commonest defects found at periodic inspection.

During 1948 4.2% of the children examined showed enlargement of a degree sufficient to call for immediate treatment, whilst 3.4% with a lesser degree of enlargement were listed for observation.

#### (f) EAR DISEASE AND DEFECTIVE HEARING

The commonest defect found in this group was aural discharge, present in .43% of those examined. Less commonly, such conditions as wax in the ear (4 cases) and slight deafness due to nose or throat abnormalities (4 cases) were found.

#### (g) DENTAL DEFECTS

Theoretically the medical officer would refer to the dental officer cases noted as requiring dental treatment. This, however, has not been found necessary during the past year as the regular dental inspection of the school children has ensured prompt treatment and arrest of the decay.

#### (h) ORTHOPÆDIC AND POSTURAL DEFECTS

These form a large group of the defects noted at periodic inspections, including abnormalities of posture, knock-knees, flat feet, and the sequels of paralysis or injury.

1.5% of the children examined were found to be suffering from one or more orthopædic defects.

Such cases are usually mild, having been checked in their early stages by infant welfare or school supervision.

#### (i) HEART DISEASE AND RHEUMATISM

Cases of heart disease are occasionally found at periodic medical inspection, 21 being found during 1948. A number of these, however, had been noted at previous inspections and were already under observation. In other children a history of recent rheumatic infection is obtained although the heart is still unaffected. Both groups





are kept under observation throughout their school life, the school being advised after the examination as to the fitness or otherwise of the child for games, drills, and general school routine.

#### (j) TUBERCULOSIS

Cases of suspected tuberculosis are rarely found at the medical inspections. This is to be attributed to the following-up by the tuberculosis dispensary of tuberculous contacts and their investigation of tuberculosis suspects.

During 1948, five contacts were encountered and were kept under observation.

#### (k) OTHER DEFECTS

A brief summary of the other defects which do not fall easily under the previous headings is given below:—

					Requiring treatment	To be kept under observation
Enuresis	....	....	....	....	—	5
Malnutrition	....	....	....	....	—	6
? Diabetic	....	....	....	....	—	1
Colitis	....	....	....	....	—	1
Debility	....	....	....	....	—	2
					—	—
					—	15
					—	—

#### (l) EXCLUSIONS

Cases of infectious disease are excluded from school immediately on detection. Those with contagious disease are excluded should it be sufficiently severe to constitute a danger to other children. Milder cases are treated in the minor ailment clinic, being observed at intervals by the medical officer.

A few other children are excluded with diseases which, though neither infectious nor contagious, render them unfit to attend school. Yet others are excluded as contacts of infectious disease.

The following table gives an analysis of the cases excluded during the year:—

Scabies	....	....	....	4
Tonsillitis	....	....	....	1
				—
				5
				—

#### (m) FURTHER EXAMINATIONS

Children in whom a defect is found at periodic inspection are sometimes re-examined at the inspection clinic. This allows more time than is possible at school to be spent in examining them and in discussing with the parent the measures to be taken.



## (n) OTHER MEDICAL INSPECTIONS

In addition to the above, contacts of infectious disease and children discharged from hospital after specific fevers are examined at the inspection clinic and their fitness for school determined.

### 5. "Following-up" of Children Suffering from Defects

The procedure adopted to ensure that defects found at medical inspections are dealt with promptly and satisfactorily has been explained in former reports.

Only as a last resort are parents summoned to appear before the School Medical Service Committee for not obtaining satisfactory treatment for their children; this has not been necessary during the year under review.

### 6. Work of the School Nurses

#### (a) IN THE SCHOOLS

Examinations and dressings are carried out either in the medical room or staff room in the newer schools, or, where there is no such accommodation, in the cloakroom or sometimes in a screened-off portion of a class-room.

The work comprises dressings of discharging ears, sore eyes, impetigo, supervision of minor ailments being treated at home, orthopaedic cases, and children whose condition has been found unsatisfactory at the cleanliness inspections. Much of this minor ailment work in schools is diminishing, the nurses and teachers referring an increasing number of cases to the Minor Ailments Clinic and the Inspection Clinic, and the nurses' visits are devoted more to general advice and the following-up of defects, thus resulting in an economy of nursing staff.

Classes in which cases of infectious diseases have occurred are examined and suspicious cases excluded.

Children referred by the teachers for suspected defects or neglect are also seen by the nurses.

Cleanliness inspections of all pupils are held once per term and unsatisfactory cases are re-examined by the nurses on their weekly visits. Every child is examined for pediculosis, cleanliness of body and clothing, and condition of footwear. Where necessary domiciliary visits are made to effect a remedy.

In cases of uncleanliness the course of action laid down in Section 54 of the Education Act, 1944, is followed. Cleansing Notices were issued in 19 cases but only in 3 cases was it necessary to issue Cleansing Orders for the compulsory cleansing of children at the Cleansing Station. No prosecutions were ordered in the year under review.

#### (b) IN THE HOMES AND IN THE SCHOOL CLINIC

Two nurses are on duty in the Minor Ailments Clinic in the mornings and one assists at each medical inspection in the schools in the afternoons.







Full particulars of these aspects of the work of the school nurses are given on pages 16 to 18; a brief summary appears below.

Number of dressings by the nurses in schools	....	....	....	....	7171
Visits to homes of children (in many cases assisting with treatment)	....	....	....	....	565
Attendances at medical inspections in schools with the A.S.M.O.	....	....	....	....	163
Visits to schools for cleanliness inspections and reinspections	....	....	....	....	725
Special visits to schools <i>re</i> infectious disease	....	....	....	....	2
Attendances at immunising sessions	....	....	....	....	80

## 7. Treatment of Defects during 1948

To secure treatment for all children requiring it, all the local resources are used. Due to a more extensive use of the minor ailments clinic fewer cases are referred for treatment in their own homes. The more serious cases of illness are referred to their own private medical practitioner.

A list of the days and hours of attendance at the various clinics is given on page 4.

Detailed figures of the cases referred for the various forms of treatment are given in the following pages.

### (a) MINOR AILMENTS

The following table shows the numbers of cases seen and treated at the minor ailments clinic, with comparative figures for the preceding three years:

				No. of children attending Inspection Clinic	Treatment Clinic	No. of treatments in school (dressings)
1948	....	....	....	1686	1482	7171
1947	....	....	....	1334	1022	14390
1946	....	....	....	630	322	21998
1945	....	....	....	810	494	23283

For the reasons given in the following section (Treatment at the School Clinic) the numbers given above in respect of the Inspection and Treatment Clinics show an increase on previous years. In general, however, cases are seen at an earlier stage and are thus cleared more rapidly. This rapid response is assisted in the case of skin and eye infections by the introduction from time to time of the most recent forms of treatment.

An analysis of the cases seen at the Inspection Clinic is reproduced below. The majority of these cases are referred to the Clinic by school nurses, teachers, school attendance officers, parents, and others.

Ringworm—Scalp	....	3
Body....	....	2
Scabies	....	74
Impetigo	....	210
Other skin diseases	....	62
Eye diseases	....	177
Ear defects	....	213
Miscellaneous ailments	....	835
Uncleanliness	....	4
No treatment required	....	106
Total	....	1686

The above cases made 2,159 attendances at the Inspection Clinic.



A number of the children seen at the Inspection Clinic did not require treatment; of the cases in which treatment was advised the large majority were treated in the school clinic, a relatively small number being referred to the local medical practitioners and the Warrington Infirmary.

### Treatment at the School Clinic

More minor ailment cases are being referred to the Clinic than in previous years, a correspondingly smaller proportion being treated in school. This has the advantage that on the first visit each child is seen by the medical officer who prescribes the treatment which is to be carried out in the school clinic, where, of course, better facilities for treatment exist than are available in the schools. In addition, while under treatment patients are seen again by the medical officer as often as necessary and are finally examined before being discharged.

Children suffering from contagious ailments which are liable to spread to other children are excluded from attendance at school and in most instances are treated at the minor ailments clinic.

The following table gives an analysis of the cases treated at the Clinic during 1948:

				Number treated	Number of attendances
Ringworm—Scalp	....	....		1	5
Body....	....	....		4	11
Scabies	....	....	....	75	85
Impetigo	....	....	....	210	923
Other skin diseases	....	....		62	236
Eye disease	....	....	....	175	702
Ear defects	....	....	....	231	1878
Miscellaneous ailments	....	....		724	2540
Totals	....	....	....	1482	6380

(The miscellaneous cases consist of various ailments, e.g., minor injuries, bruises, sores, chilblains, etc.)

It will be seen from the above table that the number of cases of ringworm of the scalp found during the year has again been very low. Since the provision of X-ray treatment under the Local Authority's arrangements there has been a decrease both in the incidence and in the length of time taken to cure the condition.

The number of cases of scabies treated during the year is much lower than in previous years. All cases are treated at a centre set up at Aikin Street Isolation Hospital. They are referred by the medical officers and treated at the centre by a bath and the application of benzyl benzoate emulsion, after which they are able to return to school. They return to the Clinic to be re-examined by the medical officer two weeks later. The system of treatment is effective and results in little loss of school attendance.







## Treatment in the Schools

As explained above, a smaller proportion of treatment has been carried out in the schools, latterly the nurses visiting the schools weekly, mainly to follow up cases and give any advice required.

The number of children excluded by the nurses on their visits to the schools was 282 (see details below).

	Boys	Girls	Total
Infectious diseases ....	4	4	8
Contagious diseases ....	14	13	27
Miscellaneous conditions....	11	2	13
Uncleanliness ....	63	171	234
<b>Totals ....</b>	<b>92</b>	<b>190</b>	<b>282</b>

The details with regard to the dressings applied by the nurses in schools are given in the table below.

	Boys	Girls	Total
Ringworm—Scalp ....	—	—	—
Body....	—	—	—
Scabies ....	14	9	23
Impetigo ....	300	351	651
Other skin diseases ....	81	99	180
Minor eye defects ....	89	153	242
Minor ear defects ....	158	174	332
Miscellaneous conditions....	2824	2919	5743
<b>Totals ....</b>	<b>3466</b>	<b>3705</b>	<b>7171</b>

Comparative figures of the numbers of dressings applied in schools for the last four years are given below:

1948	7171
1947	14390
1946	21998
1945	23283

Details of the work of the school nurses in connection with cleanliness inspections in schools are given on page 22.

### (b) TREATMENT OF VISUAL DEFECTS

The Consulting Ophthalmologist, Dr. S. B. Smith, holds a clinic for the examination and treatment of errors of refraction and cases of squint at the Warrington General Hospital weekly.

Table III, Group II (page 34) shows that 660 cases received treatment during the year. Of these, 648 were dealt with at the Ophthalmic Clinic, the remaining 12 being known to have received treatment under private arrangements.



### Orthoptic Clinic

The Orthoptic Clinic is held at the Warrington General Hospital and is staffed by a trained Orthoptist working under the supervision of the School Medical Officer and the Ophthalmologist.

The clinic was closed at the beginning of the year in the absence of an orthoptist, but was reopened in March when Miss Davies was appointed. During this period the arrangement whereby cases in urgent need of treatment were referred to the Manchester Royal Eye Hospital was continued.

The number of attendances at the clinic during 1948 was as follows:—

School children	....	....	....	....	1413
Pre-school children	....	....	....	....	221
Children from other authorities:					
Lancashire C.C.	....	....	....	....	117
Cheshire C.C.	....	....	....	....	262
Total attendances	....	....	....	....	<u>2013</u>

### Squint Operations

Cases in need of operative treatment are noted by the Ophthalmologist and are referred to the Manchester Royal Eye Hospital.

### Provision of Spectacles

The arrangements for the supply of spectacles by the Local Authority continued on the usual lines until the introduction of the National Health Service on the 5th July, 1948, when facilities became available under the Supplementary Ophthalmic Services. The prescribed forms (Forms O.S.C. 2) were completed by the Ophthalmologist at the clinic at the Warrington General Hospital and were despatched weekly to the Local Executive Council. After approval, the forms were then sent to the parents who were authorised to apply to any optician on the approved list.

This practice continued until the 1st December, 1948, when the Hospital and Specialist Services took over the responsibility for the supply of spectacles, including repair and replacement. A form which can be taken to any optician on the approved list is given to the parent immediately after the examination of the child by the Ophthalmologist.

The new arrangements are working smoothly but there is now a long delay before spectacles are received.

### Partially Sighted Class

At the beginning of the year there were 11 children on the registers of the Special Class for Partially Sighted Pupils at the Evelyn Street County School, including one from the Lancashire County area and one from the Cheshire County area. The child from the Lancashire area was withdrawn at midsummer, 1948, and returned to an ordinary school.

During the year two new cases were admitted to the class, and on the 31st December the classification of the cases according to the type of visual defect was as follows:—

Corneal opacities	....	....	....	....	2
Aphakia, with nystagmus	...	....	....	....	3
Retinitis pigmentosa	....	....	....	....	2
Aphakia	....	....	....	....	1
Nystagmus	....	....	....	....	3
High compound hypermetropic astigmatism	....				1





The selection of cases suitable for admission to the class is in the hands of the Consulting Ophthalmologist who also carries out a re-examination of each child at intervals of six months at the Ophthalmic Clinic at the Warrington General Hospital. The Ophthalmologist also carries out a visit of inspection to the class every quarter.

The children are submitted to inspection by the School Dental Officer at least once each year and dental treatment is arranged where necessary. The class is also visited regularly by the School Nurse for the supervision of cleanliness and the treatment of minor ailments, particular attention being paid to eye condition and the wearing of spectacles.

Facilities are available for midday meals to be served on the premises, and arrangements are made for the children to travel to and from the class free of charge.

### (c) TREATMENT OF DEFECTS OF THE EAR, NOSE AND THROAT

Mr. W. E. Hunter, the Ear, Nose and Throat Consultant, conducts an inspection clinic at the Warrington General Hospital weekly on Thursday afternoons, and operative sessions are held on Thursday evenings with additional sessions on Saturday mornings as required.

Details of the cases referred for treatment during 1948 are given below (see also Table II, page 32).

				From periodic inspections	From "special" examinations
Chronic tonsillitis	....	....	....	111	246
Adenoids only	....	....	....	2	14
Chronic tonsillitis and adenoids....			....	24	81
Other conditions	....	....	....	12	49
				<hr/>	<hr/>
Totals	....	....	....	149	390
				<hr/>	<hr/>

In 1947 there were 486 similar cases, and 298 in 1946. A large proportion of the special examinations are cases referred by general practitioners with the request that the case be treated under the School Health Service arrangements.

The number of children who were treated at the Ear, Nose and Throat Clinic during the year was 538, of whom 501 received operative treatment (see Table III, Group III, on page 34).

Table III also includes two children who are known to have received operative treatment other than at the Warrington General Hospital.

### Prevention of Deafness

From the early days of medical inspection, the local authority has provided treatment for minor ailments, including cases of aural discharge, but many of these require specialist advice and treatment if early cure is to be obtained and deafness or other disaster eventually avoided.



In October, 1947, arrangements were made for a weekly out-patient clinic to be held at the Warrington General Hospital under Mr. Hunter. Operative treatment is arranged where necessary and for other forms of treatment children attend daily or as often as required at the out-patient clinic.

Where an assessment of the degree of deafness of any child is required the case is referred to Dr. A. W. G. Ewing at the Department of Education of the Deaf, Manchester University.

It is intended that large-scale audiometric tests should be carried out locally in the schools as soon as an audiometer can be obtained.

#### (d) TREATMENT OF DENTAL DEFECTS

Details of dental treatment and inspection carried out during the year will be found in Table IV on page 35.

I wish to thank Mr. W. C. Parr, Senior Dental Officer, for the following report on the School Dental Service for the year 1948:

The year was noticeable for the commencement of the National Health Service. Though the effect of this on the School Dental Service was not felt until late in the year and consequently does not greatly show in the report it is undoubtedly the major factor in the year's working.

In the comparatively short effective time (2-3 months) the number of emergency treatments has been so great as to double the annual figure of the previous year and at the close of the year was at a rate of five times the previous year. This increase corresponds mainly to the children who have previously refused routine treatment and relied on the practitioner service to relieve them of toothache and are now finding this service unable to help them.

If this is maintained the routine treatment will suffer and the service will become more and more in the nature of an emergency one. It cannot be too strongly urged that parents should avail themselves of treatment (particularly conservative) when it is offered.

All school children were inspected during the year and treatment was made available to them.

Orthodontic treatment was continued during the year and in a small number of cases dentures were fitted.

The release of a waiting room for use during the year has been of great benefit but the need of other accommodation for the clinics is still great.

#### (e) ORTHOPAEDIC TREATMENT

The Orthopaedic Clinic has been held, as in previous years, at the Warrington General Hospital under the supervision of Mr. Harman Taylor, of Liverpool. A brief summary of the work accomplished during the year is given below.

Number of new cases examined	....	....	....	....	175
Number of cases treated	....	....	....	....	280
Number of cases in which operations have been performed	....	....	....	....	31
Number who have attended for remedial treatment	....	....	....	....	201
Number of attendances for treatment	....	....	....	....	2317

The number of cases discharged from the clinic during the year was 155. The following is a summary of the reasons for discharge:—

No further treatment required	....	....	....	....	117
Left the district	....	....	....	....	2
Left school—over age	....	....	....	....	9
Deceased	....	....	....	....	1
Referred to own doctor	....	....	....	....	1
Advised admission to Special Schools	....	....	....	....	2
Parents decline further treatment	....	....	....	....	3
Discharged for non-attendance	....	....	....	....	20
					<hr/> 155 <hr/>







I am indebted to Mr. Harman Taylor for the following remarks on the work of the clinic during the year 1948:

The Education Clinic during the past six months has carried on its work under the aegis of the new National Health Scheme. As far as the clinical work is concerned, I can say there has been no variation in the procedure adopted in the clinic for the past few years.

Routine examination of the children referred to the clinic has proceeded on the old familiar lines. Fortunately, there has been no fresh outbreak of infantile paralysis, and so there are no new cases. Those being treated are the cases afflicted in 1947.

Attention must be drawn to the increase in such conditions as "flat feet", early knock knees, and "postural defects of the spine". These conditions, it is true, are early cases, and credit must be given to the School Medical Officers who have noticed them in their routine examinations of the scholars. A course of remedial exercises to the body and feet, extending over six weeks, rectifies the troubles. Nevertheless, it would appear to me that these children thus afflicted exhibit a general slackness of muscular tone; they require bracing up by exercises, and have to be taught how to hold themselves erect, and how to walk properly. Perhaps the school teachers or parents could assist here by influencing these children to walk properly and sit up, instead of developing sloppy gaits, e.g., round shoulders. In these days of physical education at the schools such minor ailments should be few and far between.

The work of the clinic, therefore, has consisted mainly of giving remedial exercises for these conditions. It is very satisfactory to find very few serious orthopaedic ailments amongst those referred to me.

As in previous years, the work has been considerably helped by the team spirit shown by the School M.O.s, school nurses and teachers. It is this fine spirit of co-operation which has brought about the excellent results noted.

HARMAN TAYLOR.

Visiting Orthopaedic Consultant.

#### (f) TREATMENT OF UNCLEANLINESS

Cleanliness inspections of all children are carried out by the School Nurses in the schools at the beginning of each term. At these inspections the children are examined for general cleanliness, *i.e.*, head, body and clothing, and also for condition of clothing and footwear, and children whose condition is unsatisfactory at the initial inspection are re-examined on the nurses' subsequent visits. For this purpose the nurses visit the schools at intervals of roughly one week.

Where a child who has been noted as unsatisfactory is not cleansed within a reasonable period, or if the child is a persistent offender, the nurse reports the case to the Medical Officer for consideration whether action should be taken under Section 54 of the Education Act, 1944, under which the Medical Officer may cause a Cleansing Notice to be served on the parents requiring them to cleanse the child's person and clothing within 72 hours. If the child is not satisfactorily cleansed within the time specified the Medical Officer may issue a Cleansing Order authorising the nurse to convey the child to the Municipal Cleansing Station at





the Aikin Street Isolation Hospital where the necessary cleansing and disinfection will be carried out. Under the terms of this section of the Act legal proceedings may be taken against the parent of any child who, having once been cleansed at the Cleansing Station, is again found to be in a foul condition or infested with vermin at any time whilst in attendance at a school maintained by the Authority.

The nurses carried out 33,218 inspections during the year and 18,109 re-inspections. The number of individual children found to be in a more or less unclean condition was 1,287, and it was necessary to exclude 234 children.

Twenty-one Cleansing Notices were served on the parents of 19 children, and in three cases Cleansing Orders were issued and the children concerned disinfested at the Cleansing Station (see Table V, page 35).

A hair lotion is obtainable from the School Clinic free of charge with full instructions for cleansing of infested heads, and every assistance and advice is given to the parents.

#### (g) TREATMENT OF DEFECTS OF SPEECH

The Speech Clinic is conducted at the Arpley Street School and is open on three days per week. I am indebted to Miss I. W. Hastings, the Speech Therapist, for the following report on the work of the clinic during 1948:—

The clinic has been well attended during 1948, a total of 1,566 attendances having been recorded. As will be seen from the distribution of cases, the stammerers form the largest group and the dyslalics the next largest.

All the cleft palate cases referred have received regular treatment, including one patient aged three years who is profiting from an early start of treatment after operation.

There is a long list of children awaiting treatment and some extension of the service will be necessary if all children with speech defects are to receive attention. At present the clinic has to be run on the lines of the most good to the greatest number, and a careful selection of cases is therefore essential.

In the majority of cases the parents have co-operated very well, and the co-operation in the schools also has been most encouraging.

The therapist has felt during this first full year that she is one of a team with the staff of the School Health Department, although the clinic is not on the same premises. This is, of course, of direct benefit to the children who attend the clinic.

The main problems encountered are the lack of facilities at present for continuation of treatment for those who leave school before the end of their course of treatment at the Speech Clinic, and the number of cases in which both parents work so that the patient cannot be brought to the clinic. This latter is the commonest cause of patients defaulting. Other patients cease to attend when the defect or disorder becomes less noticeable after some treatment has been given.

The clinic has been greatly appreciated by many, and, since the clinic is there for those who wish to use it, has filled a need which, it appears, had been felt for some time.

Brief details of the work of the clinic during the year are given below:—

Total number of attendances	....	1566
Number of cases who have attended regularly	....	85
Number of cases who have defaulted before treatment was complete	....	15
Number of cases who have received treatment	....	100
Number of cases refusing treatment (with explanation)	....	3
Number of cases refusing treatment (without explanation)	....	5





Number of patients discharged	....	....	....	....	11
Number of patients temporarily discharged....	....	....	....	....	6
Number of new patients interviewed....	....	....	....	....	45
Number awaiting treatment after interview	....	....	....	....	26
Number awaiting interview	....	....	....	....	200

#### DISTRIBUTION OF CASES

Stammer....	....	....	....	42
Dyslalia ....	....	....	....	23
Chronic mouth breathing and dyslalia	....	....	....	9
Hyper-rhinophonia and dyslalia	....	....	....	3
Sigmatism and dyslalia	....	....	....	5
Chronic mouth breather	....	....	....	1
Hyper-rhinophonia	....	....	....	3
Sigmatism	....	....	....	4
Cleft palate	....	....	....	6
Speech of the deaf	....	....	....	1
Inhibited speech	....	....	....	3
				<hr/> 100 <hr/>

#### (h) CHIROPODY TREATMENT

Early in the year an increasing incidence of plantar warts (verrucae) was noticed and the following measures for the prevention of the spread and the cure of cases were brought into operation.

- (i) Exclusion from school baths and public swimming baths of all children known to be suffering from plantar warts.
- (ii) A campaign by teachers in all schools to encourage children to report the condition as soon as it occurs, teachers to refer such cases to the school clinic immediately.
- (iii) Frequent exposure to sunlight, after scrubbing, of all duck-boards in use at the baths.
- (iv) Facilities for the treatment of affected children by a chiropodist.

The Public Baths were visited and examination of the arrangements in force revealed that there was little more that the baths authorities could do to minimise the risk of infection. It was suggested that the use of duck-boards should be discontinued and that a routine check should be carried out before children entered the bath.

It was apparent that in order to encourage the rapid treatment and cure of these cases facilities for chiropody treatment should be provided within the School Health Service. Arrangements were made with Mr. E. Dewar, M.Ch.S., for cases to be referred to his rooms at 41 Wilson Patten Street and the first cases attended on 8th March, 1948. In the first month 32 cases were examined by the Assistant School Medical Officers and referred to the Chiropodist, 17 in the second month and 17 in the third month, after which the average number of new cases dropped to six each month.

In all, 109 cases were treated in 1948 and the total number of attendances was 434, giving an average of approximately four treatments per case.



(i) TUBERCULOSIS

All children suffering from or suspected to be suffering from tuberculosis are referred to the Tuberculosis Officer at the Warrington General Hospital. The following cases were seen in 1948:—

	No. of cases
Tuberculosis of lungs	7
Suspected cases	58
Tuberculosis of glands	9
"    "    abdomen	1
"    "    bones and joints	7
"    "    other organs	—
"    "    skin	1
Contacts	116
<b>Total</b>	<b>199</b>

Sixteen children of school age received in-patient treatment during the year at the hospitals listed below:—

	Warrington Sanatorium Hefferston Grange	Warrington General Hospital	Leasowe Hospital	Abergele Sanatorium	Total
Tuberculosis of—					
Bones and joints	—	1	6	—	7
Glands	—	2	—	—	2
Peritoneum	—	1	—	—	1
Lungs	5	—	—	1	6
	<u>5</u>	<u>4</u>	<u>6</u>	<u>1</u>	<u>16</u>

The actual incidence of tuberculosis among the school children of the town as known to us on the 31st December, 1948, was as follows:—

	Attending School Males	Attending School Females	Not Attending School Males	Not Attending School Females	Total
Tuberculosis of—					
Lungs	2	3	4	1	10
Glands	7	4	—	—	11
Abdomen	—	—	—	1	1
Bones and joints	2	3	4	1	10
Other forms of Tuberculosis	1	—	—	—	1
<b>Total</b>	<u>12</u>	<u>10</u>	<u>8</u>	<u>3</u>	<u>33</u>

## 8. Infectious Diseases

The measures taken to prevent the spread of infectious disease have been the same as in previous years. The regular visitation of the schools by the school nurses assists this work considerably.

A statement of the number of cases of notifiable infectious disease occurring among school children during 1948 is given below:—

Scarlet fever	43
Pneumonia	9
Measles	223
Cerebro-spinal fever	1
Diphtheria	1
Whooping cough	34
Pulmonary tuberculosis	3
Transferred from other areas (T.B. gland)	1
<b>Total</b>	<b>315</b>





The following is a list showing the causes of death among children of school age during 1948:—

Tuberculosis	....	....	....	....	1
Cancer	....	....	....	....	1
Heart diseases	....	....	....	....	1
Nephritis	....	....	....	....	1
Digestive diseases	....	....	....	....	1
Road traffic accidents	....	....	....	....	3
Other violent causes	....	....	....	....	4
All other causes	....	....	....	....	3
					<hr/> 15 <hr/>

#### IMMUNISATION AGAINST DIPHTHERIA

The extensive immunisation campaign which was started in November, 1947, continued during the early months of the year under review and was completed in August.

The immunising sessions were held in the schools in order that there might be as little interference with school attendance as possible, and the teachers gave every assistance.

The total number of children of school age immunised during the year was as follows:—

Primary course	....	....	....	....	667
Secondary (reinforcement) injection	....	....	....	....	5612
Total	....	....	....	....	<hr/> 6279 <hr/>

#### 9. Provision of Milk and Meals

I wish to thank the Chief Education Officer for the following information concerning the supply of milk and meals in schools.

(a) MILK.—The arrangements for the supply and distribution of milk in schools continued in operation as in the previous year, one-third of a pint of milk being made available to each pupil daily, free of charge.

Children absent from school because of illness are not deprived of their milk; provided satisfactory arrangements are made by the parents for the collection of the milk from school such children may continue to receive their daily ration of milk at home.

In July, 1947, the Ministry of Education issued regulations authorising the supply of one pint of milk daily at a reduced price to all children between 5 and 16 years who, by reason of disability of mind or body, are unable to attend school. Parents attend at the local food office and complete forms of application which are then passed to the Education Office. Arrangements are then made for the children to be examined by the Assistant School Medical Officers who sign the necessary certificates.

(b) MEALS.—During the year the Education Committee opened a new school kitchen at St. Augustine's and there are now six school kitchens supplying meals to schools.

Midday meals are served in all the schools. The charge is 5d. per day, but free meals are supplied to children of parents whose income is within the Committee's scale.





There is an increasing demand for school meals, and the number of meals supplied daily, which has shown a gradual increase since the inauguration of the scheme in 1941, continued to rise as will be seen from the following table showing the number of meals supplied on a single day in October, 1948, with comparative figures for the three previous years.

Date	No. of pupils in attendance	Received free meals	Received meals for payment	Total	Percentage of pupils receiving meals
October, 1948	12161	567	4456	5023	41.3
October, 1947	11948	697	3964	4661	39.00
October, 1946	11325	806	2940	3746	33.10
October, 1945	10889	673	2343	3016	27.70

## 10. Open-Air Education

There are four schools of the semi-open-air type, which are particularly well ventilated and lighted and capable of being thrown open on two sides. They are well provided with playing space and their favourable environment should be of assistance in promoting the health of the scholars.

In the older schools when circumstances permit, playground classes are organised as there are no class-rooms of an open-air type in them.

## 11. Physical Training

I have to thank the Chief Education Officer for the following report on physical training among the school children of the town:—

The advancement of Physical Education in the Warrington Schools is proceeding quite favourably. Equipment, although very costly, is easier to obtain and in consequence teachers have been able to maintain scholars' participation in a wide range of physical activities. The lack of adequate playing fields is still acute but in spite of the many difficulties a full programme of games both in and out of school-time is carried out throughout the year. The Warrington Teachers' Association Sports Committee has played its usual active part in successfully organising inter-school and inter-town competitions in all major games and physical activities.

Both winter and summer swimming have increased in popularity and with the weekly attendance at the Public Baths approaching 1,500 school children, the Authority's swimming instructors do well to maintain such a high standard in this important subject. School children were examined throughout the year for Education Committee Certificates and Royal Life Saving Society awards and in addition the Liverpool Shipwreck and Humane Society made awards for the first time in Warrington to boys and girls showing exceptional proficiency in life-saving.

During the year the extensive programme of activities at the Borough Gymnasium has continued. The popularity of classes for adults, young people and school children has been maintained in a wide variety of activities. These classes as well as coaching courses in cricket, teaching of physical training and Rugby League football have been under the direction of the Organiser of Physical Education. A very successful basket-ball tournament was held recently and from the enthusiasm of players and spectators it is considered that this initial step may well establish this excellent indoor game as a major winter activity in the locality.

Since the last report there has been steady progress in all branches of physical education. Interest in all kinds of games and physical pursuits is still increasing and more young people are actively participating than ever before. The primary object of physical education which is to provide healthy exercise of all kinds to meet very varied desires is being aimed at and in many respects achieved.





## 12. Co-operation of Private Practitioners, Parents, Teachers, and School Attendance Officers

(a) GENERAL PRACTITIONERS.—We are greatly indebted to the private doctors in the town for the cordial manner in which they co-operate with us.

Whenever circumstances warrant such a course we refer cases to the family doctor for treatment, and the doctors do not hesitate to make use of the facilities for treatment offered by the School Health Service.

(b) PARENTS.—Parents are encouraged to attend on all occasions when children are being examined or treated, and in the large majority of cases they comply readily with suggestions made for the welfare of their children.

(c) TEACHERS.—The success of the School Health Service depends to a great extent on the help given by the teachers who co-operate both willingly and generously at medical inspections, immunisation sessions, etc., and use their influence with children and parents to ensure that recommendations made for treatment are duly carried out.

(d) SCHOOL ATTENDANCE OFFICERS.—The School Attendance Officers render valuable assistance to the Service in many ways. They provide a constant source of information, impress on dilatory parents the necessity of seeking treatment for their children where required, and assist materially in the following up of cases where treatment has been advised.

## 13. Handicapped Pupils

The following handicapped pupils were receiving special educational treatment in recognised special schools on the 31st December, 1948:

Blind	....	....	....	4
Partially-sighted	....	....	....	11
Deaf	....	....	....	4
Partially deaf	....	....	....	1
Delicate	....	....	....	2
Educationally sub-normal	....	....	....	6
Epileptic	....	....	....	1
Maladjusted	....	....	....	1
Physically handicapped	....	....	....	4

A number of children in addition to those listed above have been ascertained and are awaiting admission to special schools when vacancies can be obtained. Considerable difficulty is experienced, however, in obtaining vacancies for certain categories of handicapped pupils, in particular the delicate, educationally sub-normal, maladjusted and physically handicapped, and the Local Authority has included in its development plan the following proposals for special school accommodation:—

- (a) An open-air school (day) to accommodate 120 delicate and 30 physically handicapped pupils not in need of hospital treatment.
- (b) A day special school to accommodate 100 educationally sub-normal pupils.



- (c) Thirty to 50 places in a boarding special school for educationally sub-normal pupils to be provided in co-operation with the Salford Authority.
- (d) Provision of hostel accommodation for maladjusted pupils in co-operation with the Salford and Oldham authorities.

It is also proposed that the special class for partially sighted pupils, at present conducted at the Evelyn Street County School, should be attached to the open-air school on completion.

#### **14. Training of Disabled Persons**

At the age of 16 years blind children are transferred to institutions for training. Before this is done, the local Society for the Blind is consulted as to the occupation which is likely to be most suitable for the student, from the point of view of employment in the future.

During 1948 there were three persons in training in institutions for the blind.

There are no deaf, epileptic or other handicapped pupils in training.

There is co-operation with the local Deaf and Dumb Society and the Northern Counties Association for the Blind, and the services of the Education Committee's Choice of Employment department are used in finding suitable employment for deaf children when they leave school.

The Local Authority does not maintain any training courses of its own.

#### **15. Nursery Classes**

Children in attendance at the Nursery Classes are submitted to periodic medical inspection each year. Details of the inspections are included under the heading "Other Periodic Inspections" in Table I (a) on page 31, from which it will be seen that 107 examinations were carried out during the year 1948. Of the 107 children examined, 17 were found to require treatment.

All the facilities of the School Health Service are available to nursery children and for the purposes of treatment they are dealt with in the same way as pupils attending the ordinary schools. Particulars of treatment given are included in the various treatment tables in this report.

The school nurses visit the nursery classes when carrying out inspections in the infants' schools and details are included in the tables devoted to the work of the school nurses.

#### **16. Health Education**

A large amount of health teaching goes on daily in our schools and the handbook of the Board of Education on "Suggestions on Health Education" is in general use.

Education in matters of health is continually being given by teachers in the schools, and school nurses consistently add their contribution during the performance of their duties.

Up-to-date literature supplied by the Health and Cleanliness Council and the Dental Board of the United Kingdom is freely distributed.







## 17. Special Inquiries

There have been no special inquiries during the year under review.

## 18. Employment of Children

All children who register for employment out of school hours are examined by a medical officer who certifies their fitness or otherwise for the employment undertaken. During the year 1948, 93 such examinations were made.

On the 31st December, 1948, 147 children were registered for employment. The following is a summary of the occupations:

	Boys	Girls
Delivery of newspapers ....	124	2
Delivery of milk ....	7	1
Butchers' errands ....	3	—
Fruiterers' and greengrocers' errands ....	6	—
Other tradesmen's errands ....	4	—
Totals ...	<u>144</u>	<u>3</u>



**MINISTRY OF EDUCATION**  
**MEDICAL INSPECTION RETURNS**  
 YEAR ENDED 31st DECEMBER, 1948

Table I  
**Medical Inspection of Pupils Attending Maintained  
 Primary and Secondary Schools**

**A.—PERIODIC MEDICAL INSPECTIONS**

Number of inspections in the Prescribed Groups:

Entrants age	Boys	Girls	Total
3	1	1	2
4	60	66	126
5	232	260	492
6	82	98	180
7	15	8	23
8	1	—	1
Total	391	433	824
Second age group: age 11	600	552	1152
Third age group: age 15	563	501	1064
Total (prescribed groups)	1554	1486	3040
Other periodic inspections—			
Nursery classes	55	52	107
High School for Girls	—	13	13
Boteler Grammar School	46	—	46
Grand total	1655	1551	3206

**B.—OTHER INSPECTIONS**

Number of Special Inspections	1431
Number of Re-Inspections	1515
Total	2946

**C.—PUPILS FOUND TO REQUIRE TREATMENT**

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (excluding Dental Diseases and Infestation with Vermin).

NOTES.—(1) Pupils found at Periodic Medical Inspection to require treatment for a defect are not excluded from this return by reason of the fact that they are already under treatment for that defect.  
 (2) No individual pupil is recorded more than once in any column of this Table, and therefore the total in column (4) is not necessarily the same as the sum of columns (2) and (3)

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	4	177	169
Second Age Group	63	84	142
Third Age Group	81	41	119
Total (Prescribed Groups)	148	302	430
Other Periodic Inspections	3	20	22
Grand total	151	322	452





Table II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE  
YEAR ENDED 31st DECEMBER, 1948

NOTE.—All defects noted at medical inspection as requiring treatment are included in this return, *whether or not this treatment was begun before the date of the inspection.*

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observa- tion, but not requiring treatment	Requiring treatment	Requiring to be kept under observa- tion, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin .....	46	2	13	—
5	Eyes—(a) Vision .....	151	6	138	3
	(b) Squint .....	12	2	59	—
	(c) Other .....	15	2	11	1
6	Ears—(a) Hearing .....	4	—	9	—
	(b) Otitis Media .....	1	1	6	—
	(c) Other .....	18	8	26	2
7	Nose or Throat .....	149	121	390	15
8	Speech .....	14	20	24	2
9	Cervical Glands .....	—	22	6	—
10	Heart and Circulation .....	1	21	5	2
11	Lungs .....	11	58	14	5
12	Developmental—				
	(a) Hernia .....	—	1	1	—
	(b) Other .....	—	2	5	—
13	Orthopædic—				
	(a) Posture .....	4	10	1	—
	(b) Flat foot .....	29	19	40	1
	(c) Other .....	17	33	71	4
14	Nervous System—				
	(a) Epilepsy .....	—	4	1	4
	(b) Other .....	—	8	6	7
15	Psychological—				
	(a) Development .....	1	41	6	—
	(b) Stability .....	—	2	12	—
16	Other .....	—	15	16	1



B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS  
INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	No. of pupils inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants .....	824	651	79.00	167	20.27	6	.73
Second Age Group .....	1152	852	73.96	294	25.52	6	.52
Third Age Group .....	1064	957	89.94	105	9.87	2	.19
Other Periodic Inspections .....	166	129	77.71	37	22.29	—	—
Total .....	3206	2589	80.75	603	18.81	14	.44

Table III  
Treatment Tables

NOTES

(a) The Tables deal with all defects during the year, however they were brought to the Authority's notice, i.e., whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Owing to the difficulty in distinguishing between cases treated under the Authority's schemes and those treated otherwise, the treatment tables (excluding dental) include all cases known to have received treatment, whether at the Authority's own clinics or elsewhere.

GROUP I.—MINOR AILMENTS  
(excluding uncleanness, for which see Table V)

(a)					No. of Defects treated, or under treatment during the year
SKIN—					
Ringworm—Scalp:					
(i) X-ray treatment	....	....	....	....	1
(ii) Other treatment	....	....	....	....	—
Ringworm—Body	....	....	....	....	4
Scabies	....	....	....	....	75
Impetigo	....	....	....	....	210
Other skin diseases	....	....	....	....	62
EYE DISEASE (external and other, but excluding errors of refraction, squint and cases admitted to hospital)	....	....	....	....	175
EAR DEFECTS (treatment for serious diseases of the ear (e.g., operative treatment in hospital) are not recorded here but in the body of the Report)	....	....	....	....	231
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.)	....	....	....	....	724
Total	....	....	....	....	1482

(b) Total number of attendances at the minor ailments clinics 6380





## GROUP II.—DEFECTIVE VISION AND SQUINT

(excluding eye disease treated as minor ailments—Group I)

	No. of defects dealt with
Errors of Refraction (including squint) ....	659
Other defects or disease of the eyes (excluding those recorded in Group I) ....	1
Total ....	<u>660</u>
No. of pupils for whom spectacles were (a) Prescribed ....	407
(b) Obtained ....	192*

\* This figure does not include spectacles supplied under the National Health Service since 5th July, 1948 (details not available).

## GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT

	Total No. treated
Received operative treatment—	
(a) for adenoids and chronic tonsillitis ....	475
(b) for other nose and throat conditions ....	28
Received other forms of treatment ....	37
Total ....	<u>540</u>

## GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS

(a) No. treated as in-patients in hospitals or hospital schools ....	32
(b) No. treated otherwise, e.g., in clinics or out-patient departments	280

## GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY

No. of pupils treated (a) under Child Guidance arrangements .....	13
(b) under Speech Therapy arrangements ....	100



**Table IV**  
**Dental Inspection and Treatment**

(1) Number of pupils inspected by the Authority's Dental Officers:					
(a) Periodic Age Groups: Age	3	....	....	....	7
	4	....	....	....	337
	5	....	....	....	875
	6	....	....	....	1046
	7	....	....	....	1071
	8	....	....	....	1036
	9	....	....	....	1015
	10	....	....	....	987
	11	....	....	....	996
	12	....	....	....	943
	13	....	....	....	942
	14	....	....	....	790
	15	....	....	....	359
	16	....	....	....	115
	17	....	....	....	63
	18	....	....	....	21
Total					10603
(b) Specials	....	....	....	....	1142
(c) Total (Periodic and Specials)	....	....	....	....	11745
(2) Number found to require treatment	....	....	....	....	8423
(3) Number actually treated	....	....	....	....	4461
(4) Attendances made by pupils for treatment	....	....	....	....	5190
(5) Half-days devoted to (a) inspection	....	....	....	....	112
(b) treatment	....	....	....	....	819
Total (a) and (b)					931
(6) Fillings:	Permanent teeth	....	....	....	1225
	Temporary teeth	....	....	....	-
Total					1225
(7) Extractions:	Permanent teeth	....	....	....	934
	Temporary teeth	....	....	....	4653
Total					5587
(8) Administration of general anaesthetics for extraction	....	....	....	....	3716
(9) Other operations (a) permanent teeth	....	....	....	....	351
(b) temporary teeth	....	....	....	....	20
Total (a) and (b)					371

**Table V**  
**Infestation with Vermin**

All cases of infestation, however slight, are recorded.

The return relates to individual pupils and not to instances of infestation.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	....	....	....	51,327
(ii) Total number of <i>individual</i> pupils found to be infested	....	....	....	1,287
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	....	....	....	19
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	....	....	....	3





STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED BY  
THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL  
DEFICIENCY AUTHORITY DURING THE EDUCATIONAL YEAR  
1947-48

	Boys	Girls
Notified under Section 57 (3) of the Education Act, 1944 ....	3	2
Notified under Section 57 (5) of the Education Act, 1944 ....	—	—

STATEMENT OF THE COST OF THE SCHOOL HEALTH SERVICE

Rateable value, 1st April, 1948 .....	£477,019
Estimated product of 1d. rate, 1948-49 .....	£1,767
Total estimated expenditure on Education, 1948-49 .....	£447,196
Total estimated cost of Special Services for Education, i.e., school health, blind, deaf schools, etc., 1948-49 .....	£17,407
Total estimated net cost of School Health Services .....	£17,037
Net cost on the rates of School Health Services .....	£6,815
Cost per head of children on school roll .....	26s. 11d. gross 10s. 7d. net

